

Form for filing Cost Audit Report with the	
FORM No.CRA-4	Central Government
[Pursuant to Rule 6(6) of the Companies (cost records and audit) rules, 2014]	

PART I - GENERAL INFORMATION

Note: All fields marked in * are to be mandatorily filled.

1* (a) Corporate identity number (CIN) **Pre-Fill** or foreign company registration number of company the

(b) Global location number (GLN) of

company 2 (a) *Name of the company

(b) *Address of the registered office or of the principal place of business in India of the company

(c) *E-mail address of the company Fro (DD/MM/YYYY
T (DD/MM/YYYY

3 (a) *Financial year (DD/MM/YYYY

(b) *Date of Board of Directors meeting in which Annexure to the cost audit report was approved

4 (a) *State number of good(s)/service(s) for which the Cost Audit Report is being submitted

(b) *Details of such good(s)/service(s) of the company **(Number of rows depending on 4(a) above)**

Good(s)/service(s) Covered	

5 (a) *State number of good(s)/service(s) not covered in the Cost Audit Report

(b) *Details of such good(s)/service(s) of the company (**Number of rows depending on 5(a) above**)

Good(s)/service(s)	

6 Details of the cost auditor

(a) *Category of the cost auditor | Individual Cost accountant's firm
 LLP

(b) *Name of the cost auditor or the cost auditor's firm appointed as cost auditor of the company

(c) *Membership number of cost auditor or cost auditor's firm's registration number

(d) Address of the cost auditor or cost auditor's firm

(i) Line I
 Line II

(ii) City

(iii) State

(iv) Country

(v) Pin Code

(f) *E-mail ID of the cost auditor or auditor's firm cost

7 (a) *Whether the cost auditor's report has been qualified

Yes No If yes, please state

(b) *Whether the cost auditor's report has any reservations

Yes No If yes, please state

(c) *Whether the cost auditor's report has any adverse remarks Yes

No If yes, please state

8 (a) *Whether the cost auditor's report contain any observations or suggestions Yes

No (b) *If yes, cost auditor's observations / suggestions

PART-II

Atachements:

1 Cost audit report

Attach
Attach

2 **Optional attachment(s) - if any**

List of attachments

Remove attachment

Verification:

To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete.

I have been authorised by the Board of Directors' dated DD/MM/YYYY) number

(resolution

to sign and submit this form.

I am authorised to sign and submit this form.

To be digitally signed by:

Managing Director or Director or Manager or Secretary (in case of an Indian company)

Digital



or an authorised representative (in case of a foreign company)

Signatures

*Designation

*Director identification number of the Director or Managing Director; or the manager or of authorised representative; or Membership number, if applicable of the secretary

Director of the company

Director identification number of the director

Digital
Signatures

Modify

CheckForm

Prescrutiny

Submit

This e-form has been taken on file maintained by the Central Government through electronic mode and on the basis of statement of correctness given by the filing company and the cost auditor